



Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 01/08/13

IRO CASE #:

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Texas licensed M.D. board certified in general psychiatry, board eligible in child/adolescent psychiatry.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual psychotherapy X 6 sessions (for left wrist injury).

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)**
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	<i>90806</i>		<i>Prosp.</i>				<i>Xx/xx/xx</i>		<i>Overturn</i>

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 11/19/12 and 12/13/12, including criteria used in the denial.
3. Appeal letter 11/06/12.
4. Neurodiagnostic studies 03/08/12.
5. Functional Capacity Evaluation 10/17/12.
6. Individual treatment plans 07/01/12 – 02/01/13.
7. Evaluation and follow up specialty not provided) 07/31/12 & 09/18/12.
8. Treating entity's evaluations and follow up 07/13/12 – 10/25/12, and letter dated 12/18/12.

PATIENT CLINICAL HISTORY (SUMMARY):

The history is taken from the records. The claimant is a woman injured on xx/xx/xx at work; apparently a crush injury on her left hand and wrist. The treatment to date included injections and physical therapy. She has had various pain medications. Her Beck Depression Inventory was noted to be 28. Her Beck Anxiety Inventory was 35. The diagnosis is pain disorder associated with both psychological factors and a general medical condition. She has been treated with physical therapy. She also had left shoulder surgery on 06/13/12. Most recently, her Beck Depression Inventory had risen to 42 and the Beck Anxiety Inventory to 46. The diagnosis at that point was pain disorder associated with both psychological factors and a general medical condition. The Functional Capacity Evaluation on 10/17/12 indicated that the required duty level was heavy and her current duty level was only recommended to be light.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Using the Official Disability Guidelines, behavioral interventions are recommended. The identification of reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication, which could lead to psychological or physical dependence. After screening patients for risk factors of delayed recovery, separate psychotherapy (primarily cognitive behavioral therapy) should be considered if there is a lack of progress with the physical medicine alone.

Psychological interventions have been found to be particularly effective. In reviewing the records submitted, despite non-psychotherapy treatments of medication, surgery, and physical therapy, the claimant continued to experience pain, anxiety, and depression. The Beck Depression Inventory and Beck Anxiety Inventory are recognized psychometric tools for evaluating these conditions. Based on the Official Disability Guidelines, it appears that the claimant was appropriate for psychotherapy. The treating facility had an appropriate treatment plan, which meets the guidelines, as well.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

INDEPENDENT REVIEW INCORPORATED

ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase

AHCPR-Agency for Healthcare Research & Quality Guidelines

DWC-Division of Workers' Compensation Policies or Guidelines

European Guidelines for Management of Chronic Low Back Pain

Interqual Criteria

Medical judgment, clinical experience and expertise in accordance with accepted medical Standards

Mercy Center Consensus Conference Guidelines

Milliman Care Guidelines

ODG-Office Disability Guidelines & Treatment Guidelines

Pressley Reed, The Medical Disability Advisor

Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters

Texas TACADA Guidelines

TMF Screening Criteria Manual

Peer-reviewed, nationally accepted medical literature (Provide a Description):

Other evidence-based, scientifically valid, outcome-focused guidelines (Provide a Description)